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**SCULLY, SCOTT, MURPHY  
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<b>To:</b>	Examiner : Jennifer M. Dolan	<b>From:</b>	Leslie S. Szivos, Ph.D.
<b>Fax:</b>	703 872-9306	<b>Pages:</b>	14 Including cover sheet
<b>Phone:</b>		<b>Date:</b>	2/8/2005
<b>Re:</b>	Appl. No. 10/658,036 Filed: September 9, 2003 Docket No. YOR919950251US3 (14784AB)	<b>CC:</b>	

☐ Urgent    ☐ For Review    ☐ Please Comment    ☐ Please Reply    ☐ Please Recycle

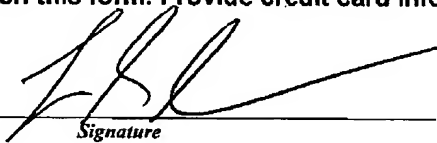
**Attached hereto is:**

1. Response Under 37 C.F.R. §1.111
2. Amendment Transmittal (in duplicate)
3. Certificate of Facsimile

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>YOR919950251US3 (14784AB)</b>	
Applicant(s): <b>Nancy A. Greco, et al.</b>					
Application No. <b>10/658,036</b>	Filing Date <b>September 9, 2003</b>	Examiner <b>Dolan, Jennifer M.</b>	Customer No. <b>23389</b>	Group Art Unit <b>2813</b>	Confirmation No. <b>2049</b>
Invention: <b>METAL-INSULATOR-METAL CAPACITOR</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	4 -	4 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	1 -	1 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>50-0510/IBM</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 Signature			Dated: <b>February 8, 2005</b>		
Leslie S. Szivos, Ph.D. Registration No. 39,394			<div style="text-align: center;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence</div>		
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant(s):** Nancy A. Greco, et al.

**Examiner:** Jennifer M. Dolan

**Serial No.:** 10/658,036

**Art Unit:** 2813

**Filed:** September 9, 2003

**Docket:** YOR919950251US3 (14748AB)

**For:** METAL-INSULATOR-METAL CAPACITOR

**Dated:** February 8, 2005

**Confirmation No.:** 2813

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT UNDER 37 C.F.R. § 1.111**

Sir:

In response to the Office Action dated November 15, 2004, applicants submit the following amendments and remarks for entry of record in the above-identified patent application.

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**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Dated: February 8, 2005

  
Leslie S. Szivos